

**Cabenuva** (cabotegravir/rilpivirine extended-release injectable suspension)

<b>Member and Medication Information (required)</b>		
Member ID:	Member Name:	
DOB:	Weight:	
Medication Name/ Strength:	Dose:	
Directions for use:		
<b>Provider Information (required)</b>		
Name:	NPI:	Specialty:
Contact Person:	Office Phone:	Office Fax:
<b>FAX FORM AND RELEVANT DOCUMENTATION INCLUDING: LABORATORY RESULTS, CHART NOTES and/or UPDATED PROVIDER LETTER TO 855-828-4992</b>		

**Criteria for Approval:** *(All criteria must be met)*

- ☐ 18 years of age or older.
- ☐ Diagnosis of human immunodeficiency virus type-1 (HIV-1).
- ☐ Prescribed by or in consultation with an infectious disease specialist.
- ☐ Patient has been virologically suppressed (HIV-1 RNA < 50 copies/ml) on a stable antiretroviral therapy (ART) for at least 3 months with submitted laboratory level. Current regimen: \_\_\_\_\_
- ☐ Patient is NOT receiving Cabenuva concomitantly with any other ART medication.
- ☐ Patient is NOT receiving concurrent UGT1A1 and/or CYP3A4 enzyme inducing medications, which may significantly decrease cabotegravir and/or rilpivirine concentration and result in loss of virologic response.  
These drugs include, but are not limited to:
  - ☐ Anticonvulsants: Carbamazepine, oxcarbazepine, phenobarbital, phenytoin
  - ☐ Antimycobacterials: Rifabutin, rifampin, rifapentine
  - ☐ Glucocorticoid (systemic): Dexamethasone (more than a single-dose treatment)
  - ☐ Herbal product: St John's wort (*Hypericum perforatum*)
- ☐ Patient will receive oral lead-in dosing with Vocabria 30 mg and Edurant 25 mg for 1 month prior to starting Cabenuva.
- ☐ Patient has no history of treatment failure.
- ☐ Patient does not have suspected resistance to either cabotegravir or rilpivirine.
- ☐ Prescriber will manage planned and unplanned missed doses as per the prescribing information.

**Re-authorization Criteria:**

Updated letter with medical justification or updated chart notes demonstrating positive clinical response.

**Initial Authorization:** Up to six (6) months**Re-authorization:** Up to one (1) year**Note:**

- ❖ Vocabria (cabotegravir) 30 mg tablets and Edurant (rilpivirine) 25 mg tablets are also approved for 1 month in conjunction with Cabenuva as lead-in therapies.
- ❖ Use appropriate HCPCS code for billing  
Coverage and Reimbursement code look up: <https://health.utah.gov/stplan/lookup/CoverageLookup.php>  
HCPCS NDC Crosswalk: <https://health.utah.gov/stplan/lookup/FeeScheduleDownload.php>

**PROVIDER CERTIFICATION**

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

\_\_\_\_\_  
Prescriber's Signature\_\_\_\_\_  
Date